A B C D	F	F	G	Н	1 1	К	1	М	N O	Р	Q	R	S	T U	V	K x	
Unified Rate Review v2.0.4		'	J		' '	, K		141		'	ų	I N I	<u> </u>	'			
Company Legal Name:	Time Insuranc	e Company	State:	KY													
HIOS Issuer ID:	19503		Market:	Individual													
Effective Date of Rate Change(s):	1/1/2016																
	. ,																
Market Level Calculations (Same for all P	ians)																
Section I: Experience period data																	
Experience Period:	1/1/2014	to	12/31/2014														
		Experience Period		% of Prem													
Premiums (net of MLR Rebate) in Experie	ence Period:	Aggregate Amount \$7,941,621		100.00%													
Incurred Claims in Experience Period		\$12,317,118		155.10%													
Allowed Claims:		\$16,885,391		212.62%													
Index Rate of Experience Period  Experience Period Member Months		40,734	\$414.00														
experience renou interiber infontitis		40,734															
Section II: Allowed Claims, PMPM basis																	
		Experience	e Period			tion Period:		to	12/31/2016	Mi	d-point to Mid-	-point, Experier	ice to Projection:	24 m	onths	<u>.</u>	
		on Actual Exper	ience Allowed		Adj't. from to Project	•	Annualiz Fact	ed Trend tors	Projections, b	efore credibility	Adiustment		Credibility Manual	l			
	Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average	,	Utilization	Average				
Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
Inpatient Hospital	Services	517.01		\$100.44	0.792	2.035	1.069	1.035	438.36	\$5,418.83	\$197.95	425.94	\$6,711.02	\$238.21			
Outpatient Hospital Professional	Services Visits	1,591.10 5,224.33		146.94 83.52	0.792 0.792	2.035 2.035	1.032 1.020	1.112 1.050	1,558.27 4,563.49	2,403.28 406.42	312.08 154.56	1363.22 4306.23	2,333.29 470.30	265.06 168.77			
Other Medical	Services	1,445.57		25.67	0.792	2.035	0.902	1.110	1,410.38	353.15	41.51	1440.22	421.40	50.58			
Capitation				0.00					0.00	0.00	0.00			0.00			
Prescription Drug	Prescriptions	9,323.91	74.60	57.96	0.792	2.035	1.020	1.067	8,410.01	158.00	110.73	6937.83	160.06	92.54			
Total				\$414.53							\$816.83			\$815.15	After Credibility	Projected Period	LTotale
Section III: Projected Experience:				Projected Allowed	Experience Clai	ms PMPM (w	/annlied cre	dihility if annl	icable)		0.00%			100.00%	\$815.15		73,248
occion ini rojecteu Experience.				. rojecteu / morreu	Paid to Allow						0.0070			100.0070	0.687	, , ,	77 5,2 10
					Projected Inc	urred Claims	, before ACA	rein & Risk A	dj't, PMPM						\$560.01		58,522
					Projected Ris	,									<u>85.81</u>	-	13,023
									coveries, net of rein	prem, PMPM					\$474.20		145,499
				Projected Incurred	Projected AC	A remsurano	e recoveries,	net or rein pi	em, PIVIPIVI						20.24 \$453.96	_	15,358 30,140
														40.000			
				Administrative Expo Profit & Risk Load	ense Load									18.00% 1.57%	111.17 9.70		.82,891 .03,174
				Taxes & Fees										6.93%	42.80		55,413
				Single Risk Pool Gro		g. Rate, PMP	M								\$617.63	\$6,5	71,619
				Index Rate for Proje											\$815.15		
					% increase of % Increase, a		e Period								216.80% 77.99%		
				Projected Member		iuuii2Cu.									77.3370		10,640
Information Not Releasable to the Pu																	

# **Product-Plan Data Collection**

Company Legal Name: HIOS Issuer ID:

Effective Date of Rate Change(s):

## Time Insurance Company 19503 1/1/2016

# Product/Plan Level Calculations

#### Section I: General Product and Plan Information

Section I. General Floudet and Flatt Information							
Product	erminated Product			2016 INDIVIDUA	L MEDICAL PLAN		
Product ID:	19503KY002			19503	KY020		
Metal:	Catastrophic	Bronze	Silver	Catastrophic	Bronze	Bronze	Silver
AV Metal Value	0.000	0.600	0.687	0.613	0.619	0.589	0.689
AV Pricing Value	0.001	0.846	0.998	0.692	0.873	0.831	1.001
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO
	Terminated Non-						
Plan Name	Single Risk Pool	Non 1-Ded Bronze		Non 1-Ded	Non 1-Ded Bronze	Non 1-Ded Bronze	
	Compliant Plans	1	Non 1-Ded Silver 1	Catastrophic 1	2	4	Non 1-Ded Silver 2
Plan ID (Standard Component ID):	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Exchange Plan?	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%			0.0	00%		
Historical Rate Increase - Calendar Year - 1	0.00%			0.0	00%		
Historical Rate Increase - Calendar Year 0	0.00%			16.	56%		
Effective Date of Proposed Rates	12/31/2014	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	0.00%	76.62%	67.65%	80.90%	78.03%	69.50%	53.17%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	76.62%	67.65%	80.90%	78.03%	69.50%	53.17%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	102.89%	90.51%	107.67%	100.61%	91.81%	67.71%
Product Threshold Rate Increase %	0.00%			65.	44%		

#### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Inpatient	\$14.16	\$0.00	\$44.46	\$49.03	\$37.42	\$46.32	\$41.44	\$42.78
Outpatient	\$28.97	\$0.00	\$90.97	\$100.30	\$76.55	\$94.77	\$84.77	\$87.52
Professional	\$7.97	\$0.00	\$25.01	\$27.58	\$21.05	\$26.06	\$23.31	\$24.07
Prescription Drug	\$6.86	\$0.00	\$21.53	\$23.74	\$18.12	\$22.43	\$20.06	\$20.71
Other	\$0.06	\$0.00	\$0.17	\$0.19	\$0.14	\$0.18	\$0.16	\$0.17
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$13.86	\$0.00	\$43.68	\$48.04	\$36.80	\$45.53	\$40.62	\$41.66
Taxes & Fees	\$4.11	\$0.00	\$13.58	\$14.47	\$11.58	\$14.22	\$12.33	\$11.62
Risk & Profit Charge	-\$0.50	\$0.00	-\$0.71	-\$1.42	-\$0.40	-\$0.65	-\$1.08	-\$2.53
Total Rate Increase	\$75.49	\$0.00	\$238.69	\$261.93	\$201.26	\$248.86	\$221.61	\$226.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$364.06	\$194.96	\$311.53	\$387.17	\$248.79	\$318.92	\$318.86	\$425.03
Projected Member Months	10,640	0	2,374	2,173	440	1,550	518	3,585

### ction III: Experience Period Information

Plan ID (Standard Component ID):	Total	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Plan Adjusted Index Rate	\$105.31	\$0.00	\$271.19	\$340.71	\$216.72	\$283.03	\$281.77	\$388.19

Member Months	40.734	27,707	2,551	2,176	585	1.680	833	5,202
Total Premium (TP)	\$4,289,541	\$0	\$691,806		\$126,781	\$475,490	\$234,714	\$2,019,364
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EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other								
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$16,885,391	\$5,501,806	\$1,059,281	\$2,663,409	\$75,515	\$678,859	\$1,076,197	\$5,830,322
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are								
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$995,437	\$2,572,137	\$393,866	-\$533,184	\$52,794	\$270,187	-\$447,635	-\$1,312,729
Portion of above payable by HHS's funds on								
behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of								
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$15,889,954	\$2,929,669	\$665,415	\$3,196,592	\$22,721	\$408,673	\$1,523,832	\$7,143,051
Net Amt of Rein	\$2,624,772.33	\$0.00	\$289,736.30	\$649,473.13	-\$3,071.25	\$77,087.45	\$432,204.80	\$1,179,341.90
Net Amt of Risk Adi	\$1,182,648.08	\$0.00	-\$366.982.61	\$256,296,52	\$325.98	-\$112.694.08	\$189,266.60	\$1,216,435.67
NET ATTL OF NISK AUJ	\$1,102,046.06	\$0.00	-\$300,982.01	\$230,290.52	\$323.96	-3112,094.08	\$109,200.00	₹1,210,435.07
Incurred Claims PMPM	\$390.09	\$105.74	\$260.84	\$1,469.02	\$38.84	\$243.26	\$1,829.33	\$1,373.14
Allowed Claims PMPM	\$414.53	\$198.57	\$415.24	\$1,223.99	\$129.09	\$404.08	\$1,291.95	\$1,120.78
EHB portion of Allowed Claims, PMPM	\$414.53	\$198.57	\$415.24	\$1,223.99	\$129.09	\$404.08	\$1,291.95	\$1,120.78

### ction IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Plan Adjusted Index Rate	\$602.32	\$0.00	\$550.22	\$649.08	\$450.06	\$567.78	\$540.47	\$651.03
Member Months	10,640	-	2,374	2,173	440	1,550	518	3,585
Total Premium (TP)	\$6,408,665	\$0	\$1,306,222	\$1,410,451	\$198,026	\$880,059	\$279,963	\$2,333,943
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other								
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$8,673,248	\$0	\$1,935,178	\$1,771,332	\$358,668	\$1,263,490	\$422,250	\$2,922,330
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$3,877,355	\$0	\$353,216	\$845,766	\$134,758	\$348,043	\$310,673	\$1,884,900
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$4,795,893	\$0	\$1,581,962	\$925,566	\$223,910	\$915,447	\$111,577	\$1,037,431
Net Amt of Rein	\$215,358		\$43,895	. ,		\$29,574	\$9,408	\$78,430
Net Amt of Risk Adj	\$913,023	\$0	-\$406,695	\$304,787	\$292	-\$123,816	\$140,156	\$998,299

State: KY

Market: Individual